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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 2578-4230US
In re Application of Vogels et al.		
Application Number 09/214,836	Filed October 4, 1999	
For MELANOMA ASSOCIATED PEPTIDE ANALOGUES AND VACCINES AGAINST MELANOMA		
Group Art Unit 1642	Examiner S. Rawlings	

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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
 - ☐ Two months (37 CFR 1.17(a)(2)) \$ _____
 - ☒ Three months (37 CFR 1.17(a)(3)) \$930.00
 - ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
 - ☐ Five months (37 CFR 1.17(a)(5)) \$ _____
 - ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
 - ☒ A check in the amount of the fee is enclosed.
 - ☐ Payment by credit card. Form PTO-2038 is attached.
 - ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
 - ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1469.
I have enclosed a duplicate copy of this sheet.
- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a).

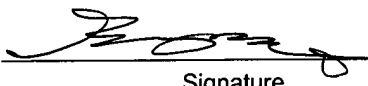
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-

Adjustment date: 04/18/2003 AKELLEY
04/03/2003 AWONDAF1 00000091 09214836
03 FC:1253 -930.00 OP

March 31, 2003

04/03/2003 AWONDAF1 00000091 09214836 Date

03 FC:1253: 04/18/2003 AKELLEY 00000000
DAH:201469 Name/Number:09214836
FC: 9204 \$930.00 CR


Signature
Bretton L. Crockett Reg. No. 44,632
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/> *Total of 1 forms are submitted.
CERTIFICATE OF MAILING
Express Mail Label Number: <u>EV209822667US</u>
Date of Deposit: <u>March 31, 2003</u>
Person Making Deposit: <u>Matthew Wooton</u>

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>4-9-03</u>		2 Serial/Patent # <u>09214836</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	<u>21</u>	<u>3-31-03</u>	\$ <u>930.00</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>930.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20 -- 1469 </div>		
<input type="checkbox"/>	Overpayment			
<input checked="" type="checkbox"/>	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	EOT filed outside of maximum extendable time frame - not applicable.		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Reg. Asst.</u>		
SIGNATURE: <u>Liana Chase</u>		PHONE: <u>351-0482</u>		
OFFICE: <u>Ofc. of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>[Signature]</u>		DATE: <u>4/18/03</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: